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PROCESS RECEIPT AND RETURN

U.S. Department of Justice	PROCESS	RECEIPT AND RI	ETURN
United States Marshals Service	on the reverse	ns for "Service of Process by the U.S. Marshal" of this form.	
PLAINTIFF			-
Richard J. Gacho Sr.		COURT CASE NUMBER	
DEFENDANT		07C6378	
Supt. Adnrews, et al.		TYPE OF PROCESS S/C	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATIO	ON ETC. TO SERVE OR		
Superintendent Andrews, Division		DESCRIPTION OF TROPERTY	TO SEIZE OR CONDENIA
ADDRESS (Street or RFD, Apartment No., City, Sta			" <u>" " " " " " " " " " " " " " " " " " </u>
AT Cook County Jail, C/O Rhonna, Le		O S. California Av	e. 2nd. Flr. Div
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND	ADDRESS BELOW:	-1 Namber of process to be	$\overline{}$
		served with this Form - 285	
Richard J. Gacho, Sr.#2005-005620	06		
· · · · · · · · · · · · · · · · · · ·		Number of parties to be served in this case	
Chicago, IL 60608		WITH THE PROPERTY OF THE PRO	
		Check for service	\downarrow
		on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL AS	SSIST IN EXPEDITING	SERVICE (Inclu Bus ness ar	nd Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):		'''	F D Poid
Chicaso, T.L. 60608		N. Dr	- <i>U</i> -
Chacaso, -		DEC 13	200>
		CLERK HAEL WO	5007 - 2 s
		CLERK, U.S. DISTRI	6€007
		DISTRI	CT COL
Signature of Attorney or other Originator requesting service on behalf of:	 	TELEPHONE NUMBER	DATE
· · · · · · · · · · · · · · · · · · ·	PLAINTIFF	THE ITOTAL PROPERTY.	
	☐ DEFENDANT		<u>11-28-0</u> 7
SPACE BELOW FOR USE OF U.S. MARSHA	L ONLY — DO	NOT WRITE BEL	OW THIS LINE
I acknowledge receipt for the total Total Process District District number of process indicated. of Origin to Serve	Signature of Authori	zed USMS Deputy or Clerk	TD Date
(Sign only first USM 285 if more 1 of A			11-18-07
than one USM 285 is submitted) 1 01 4 No. 24 No. 24	<u> </u>		
hereby certify and return that I - have personally served.	nce of service, 🗌 have exe	ecuted as shown in "Remarks", th	ne process described
on the individual, company, corporation, etc., at the address shown above or on	the individual, company,	corporation, etc., shown at the a	ddress inserted below.
\square I hereby certify and return that I am unable to locate the individual, co	ompany, corporation, etc	., named above (See remarks b	clow)
Name and title of individual served (if not shown above)		A person o	f suitable age and dis-
Officer Roma Formands		cretion ther usual place	residing in the defendant's
Address (complete only if different than shown above)		Date of Service	Time am
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		12/10/07	Z:30 @
		Signature of U.S	S. Marshal or Deputy
		The state of the s	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Service Fee Total Mileage Charges Forwarding Fee Total Charges	Advance Deposits A	amount owed to U.S. Marshal or	Mnount of Refund
16 OO (including endeafors) D- In 20	A	10120	1 7) -
REMARKS:		101-07	<u>. </u>
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~ MOULS			